

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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<div style="text-align: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 60px; height: 60px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 8px;">U.S. DOL-ESA</div> <div style="text-align: center;"> Rec'd JUL 8 2003 A OLMS DRQA </div> </div> <div style="margin-top: 5px;">E</div> </div>	1. FILE NUMBER <div style="border: 1px solid black; padding: 2px; text-align: center; margin-top: 5px;">000 - 062</div>	2. PERIOD COVERED <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;">MO</th> <th style="width: 15%; text-align: center;">DAY</th> <th style="width: 15%; text-align: center;">YEAR</th> </tr> <tr> <td>From</td> <td style="border: 1px solid black; text-align: center;">04</td> <td style="border: 1px solid black; text-align: center;">01</td> <td style="border: 1px solid black; text-align: center;">2002</td> </tr> <tr> <td>Through</td> <td style="border: 1px solid black; text-align: center;">03</td> <td style="border: 1px solid black; text-align: center;">31</td> <td style="border: 1px solid black; text-align: center;">2003</td> </tr> </table>		MO	DAY	YEAR	From	04	01	2002	Through	03	31	2003	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	MO	DAY	YEAR												
From	04	01	2002												
Through	03	31	2003												
Mr. Fred Simpson, Secretary-Treasurer Brotherhood of Maintenance of Way Employes, AFL-CIO, CLC 26555 Evergreen Road Suite 200 Southfield, MI 48076-4225 		8. MAILING ADDRESS First Name <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">FREDDIE WN.</div> Last Name <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">SIMPSON</div> P.O. Box • Building and Room Number (if any) <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">SUITE 200</div> Number and Street <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">26555 EVERGREEN</div> City <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">SOUTHFIELD</div> State ZIP Code + 4 <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">MI</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">48076</div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px;">4225</div> </div>													
4. AFFILIATION OR ORGANIZATION NAME MAINTENANCE OF WAY EMPLS AFL-CIO		6. DESIGNATION NUMBER 													
5. DESIGNATION (Local, Lodge, etc.) NHQ	7. UNIT NAME (if any) 														
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <small>(If "No," provide address in Item 75.)</small>															
75. ADDITIONAL INFORMATION <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; height: 100px; vertical-align: top;">Item Number</td> <td style="border: 1px solid black;"></td> </tr> </table>				Item Number											
Item Number															
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)															
76. SIGNED: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;">6/30/03 Date</div> <div style="text-align: center;">248-948-1010 Telephone Number</div> </div>	PRESIDENT <small>(If other title, see instructions.)</small>	77. SIGNED: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;">6/30/03 Date</div> <div style="text-align: center;">248-948-1010 Telephone Number</div> </div>	SECRETARY-TREASURER <small>(If other title, see instructions.)</small>												

During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? Yes ☐ No ☒
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ☒ ☐
12. Have a political action committee (PAC) fund? ☒ ☐
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ☒ ☐
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ☒ ☐
15. Discover any loss or shortage of funds or other property? ☐ ☒
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ☐ ☒
17. Liquidate or reduce any liabilities without disbursement of cash? ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 3 7 9 0 0
19. What is the date of your organization's next regular election of officers? MO 0 7 YEAR 2 0 0 6
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees		
(a) Regular Dues/Fees	\$ 22.25	per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 100.00	
(c) Transfer Fees	\$ N/A	
(d) Work Permits	\$ N/A	per N/A (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes ☒ No ☐
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☐ ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 000 - 062

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

ASSETS	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
	25. Cash.....	1	2 3 0 3 2 4 5	3 2 2 1 2 7 5
	26. Accounts Receivable.....		7 0 7 8 9 3	4 1 1 6 2 4
	27. Loans Receivable.....		0	0
	28. U.S. Treasury Securities.....		5 3 8 0 5 5 2	1 2 6 0 3 6 5 8
	29. Investments.....	2	3 1 9 0 0 5 4 8	2 4 2 1 5 3 5 7
	30. Fixed Assets.....	5	3 8 6 8 9 0	4 2 8 6 9 8
	31. Other Assets.....	3	6 8 6 8 1 0	6 2 3 3 4 2
	32. TOTAL ASSETS.....		4 1 3 6 5 9 3 8	4 1 5 0 3 9 5 4
LIABILITIES	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			
	33. Accounts Payable.....	8	1 8 9 4 3 9 3	2 2 7 5 8 2 2
	34. Loans Payable.....		0	0
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	1 6 3 6 2 3 3	1 1 8 7 8 9 5
37. TOTAL LIABILITIES.....		3 5 3 0 6 2 6	3 4 6 3 7 1 7	
38. NET ASSETS (Item 32 less Item 37).....		3 7 8 3 5 3 1 2	3 8 0 4 0 2 3 7	

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 0 0 - 0 6 2

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues.....			1 0 2 9 3 7 0 9	56. To Officers.....	9		9 4 3 6 4 9
40. Per Capita Tax.....			0	57. To Employees.....	10		2 9 2 6 1 9 4
41. Fees.....			2 6 1 9 5	58. Per Capita Tax.....			3 1 1 3 1 9
42. Fines.....			0	59. Fees, Fines, Assessments, etc.			0
43. Assessments.....			1	60. Office & Administrative Expense....	13		1 5 8 0 6 6 1
44. Work Permits.....			0	61. Educational & Publicity Expense...			4 5 3 8 3 4
45. Sale of Supplies.....			2 7 3 4	62. Professional Fees.....			7 8 8 3 6 0
46. Interest.....			1 6 1 5 3 6 1	63. Benefits.....	11		1 8 3 9 1 0 2
47. Dividends.....			1 2 5 4 0 5	64. Contributions, Gifts & Grants.....	12		1 6 4 2 6
48. Rents.....			4 5 5 9 3	65. Supplies for Resale.....			1 6 3 7
49. Sale of Investments & Fixed Assets.....	6		3 7 1 9 5 3 9 0	66. Direct Taxes.....			8 8 0 9 1 1
50. Loans Obtained.....	8		0	67. Withholding Taxes.....			1 3 1 1 9 5 5
51. Repayments of Loans Made.....	1		0	68. Purchase of Investments & Fixed Assets.....	7		3 7 7 2 0 9 7 4
52. On Behalf of Affiliates for Transmittal to Them.....			7 7 9 6 9 8 5 1	69. Loans Made.....	1		0
53. From Members for Disbursement on Their Behalf.....			0	70. Repayment of Loans Obtained.....	8		0
54. Other Receipts.....	14		9 1 5 7 2 3	71. To Affiliates of Funds Collected on Their Behalf.....			7 7 7 1 0 1 1 7
				72. On Behalf of Individual Members...			0
				73. Other Disbursements.....	15		7 8 6 7 9 3
55. TOTAL RECEIPTS.....			1 2 8 1 8 9 9 6 2	74. TOTAL DISBURSEMENTS.....			1 2 7 2 7 1 9 3 2

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1— LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
The totals from Line 6 are entered in..... Item 27 Item 69 Item 51 Item 75 Item 27 Column (A) with Explanation Column (B)					

SCHEDULE 2 - INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 0 0 0 - 0 6 2

SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	2 1 2 1 8 1 0 3
2. Total Book Value	2 1 2 1 8 1 0 3
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) None	0
(b)	
(c)	
(d)	
Other Investments	
4. Total Cost	2 9 9 7 2 5 4
5. Total Book Value	2 9 9 7 2 5 4
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) Land	2 1 2 6 5 3 4
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	2 4 2 1 5 3 5 7
The total from Line 7 is entered in Item 29, Column (B)	

Description (A)	Book Value (B)
1. Prepaid Deposits	8 3 6 9
2. Receivable Ladies Auxiliary	1 0 9 5 6
3. Advance-Office Working Funds	1 4 5 0 0
4. Supplies Inventory	4 3 9 7
5. Deferred Compensation	5 8 5 1 2 0
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	6 2 3 3 4 2
The total from Line 7 is entered in Item 31, Column (B)	

SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. Payroll Deductions	1 2 4 5 8 8
2. Unallocated Funds	4 7 8 1 8 6
3. Deferred Compensation Payable	5 8 5 1 2 1
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1 1 8 7 8 9 5
The total from Line 7 is entered in Item 36, Column (D)	

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 0 0 - 0 6 2

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): None	0		0	0
2. Totals from additional pages (if any)				
3. Buildings (give location): None	6 5 3 2 6 9	3 1 5 8 5 0	3 3 7 4 1 9	3 3 7 4 1 9
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	4 9 0 7 7	3 2 8 7 6	1 6 2 0 1	1 6 2 0 1
6. Office Furniture and Equipment	1 6 0 6 8 7 1	1 5 3 1 7 9 3	7 5 0 7 8	7 5 0 7 8
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	2 3 0 9 2 1 7	1 8 8 0 5 1 9	4 2 8 6 9 8	4 2 8 6 9 8
The total from Line 8, Column (D) is entered in..... Item 30, Column (B)				

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. Sale of 2000 GMC Jimmy	28 3 5 2	20 2 5 1	12 0 0 0	12 0 0 0
2. Sale of 2000 Pontiac Montana Van	25 3 1 3	12 0 6 1	9 5 0 0	9 5 0 0
3. Sale of Office Equipment	3 4 8 2	3 4 2 4	1 8 6 6	1 8 6 6
4. Sale of Investments	3 2 2 3 7 0 6 7	3 2 2 3 7 0 6 7	3 0 9 4 6 7 5 3	3 0 9 4 6 7 5 3
5. Totals from additional pages (if any)	5 9 2 5 7 0 6	5 9 2 5 7 0 6	6 2 2 5 2 7 1	6 2 2 5 2 7 1
6. Totals of Lines 1 through 5	3 8 2 1 9 9 2 0	3 8 1 9 8 5 0 9	3 7 1 9 5 3 9 0	3 7 1 9 5 3 9 0
	7. Less Reinvestments			0
	8. Net Sales			3 7 1 9 5 3 9 0
The total from Line 8 is entered in Item 49				

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 0 0 - 0 6 2

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Office Equipment Purchased	20286	20286	20286
2. Purchase of Investments	35938717	35938717	35938717
3. Purchase of Investments Strike Fund	1761971	1761971	1761971
4.			
5. Totals from additional pages (if any)			
6 Totals of Lines 1 through 5	37720974	37720974	37720974
7. Less Reinvestments			0
8. Net Purchases			37720974

The total from Line 8 is entered in Item 68

SCHEDULE 8 -- LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. None	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0

The total from Line 6 is entered in Item 34 Item 50 Item 70 Item 75 Item 34
Column (C) with Explanation Column (D)

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 000 - 062

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
1.	FLEMING M PRESIDENT	C	1 1 9 6 0 4	5 4 2 3 3	0	0	1 7 3 8 3 7
2.	LA RUE W SEC-TREAS	P	8 4 3 2 5	2 2 3 5 1	0	0	1 0 6 6 7 6
3.	SIMPSON F SEC-TREAS	N	6 2 8 4 8	1 8 0 1 2	0	0	8 0 8 6 0
4.	DEPTUCK K VICE PRESIDENT	C	6 9 7 9 4	5 6 1 8 4	0	0	1 2 5 9 7 8
5.	COOK J VICE PRESIDENT	C	8 9 4 0 2	3 8 4 5 6	0	0	1 2 7 8 5 8
6.	HOUSCH G VICE PRESIDENT	P	3 3 8 4 1	2 9 7 5 5	0	0	6 3 5 9 6
7.	WISE H VICE PRESIDENT	C	8 5 9 0 2	2 2 1 5 2	0	0	1 0 8 0 5 4
8. Totals from additional pages (if any)			3 7 9 6 3 3	1 3 9 8 2 4	0	0	5 1 9 4 5 7
9. Totals of Lines 1 through 8			9 2 5 3 4 9	3 8 0 9 6 7	0	0	1 3 0 6 3 1 6
					10. Less Deductions	3 6 2 6 6 7	
The total from Line 11 is entered in Item 56					11. Net Disbursements	9 4 3 6 4 9	

*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 000 - 062

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	(B) Position <small>(Enter employee's job title.)</small>	(C) Name of Affiliated Organization <small>(if applicable)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
HILDENBRAND 1. ASSIST TO PRES	W		8 0 9 1 6	5 2 7 9 4	0	0	1 3 3 7 1 0
GRIFFIN 2. DIR OF STRATEGIC	D		9 8 2 5 6	2 4 7 1 6	0	0	1 2 2 9 7 2
MC CALL 3. DIR OF ORGANIZIN	T		7 0 1 0 6	4 9 2 2 0	0	0	1 1 9 3 2 6
POWERS 4. ASSIST TO PRES	S		9 8 2 5 6	1 8 0 7 7	0	0	1 1 6 3 3 3
BON 5. GENERAL COUNSEL	W		9 8 2 5 6	1 4 8 9 5	0	0	1 1 3 1 5 1
6. Totals from additional pages (if any)			2 8 5 6 0 8 1	3 7 7 6 1 4	0	0	3 2 3 3 6 9 5
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates			1 5 1 8 9 5	1 7 2 7 8 9	0	0	3 2 4 6 8 4
8. Totals of Lines 1 through 7			3 4 5 3 7 6 6	7 1 0 1 0 5	0	0	4 1 6 3 8 7 1
					9. Less Deductions		1 2 3 7 6 7 7
The total from Line 10 is entered in Item 57					10. Net Disbursements		2 9 2 6 1 9 4

SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 0 0 - 0 6 2

Description (A)	To Whom Paid (B)	Amount (C)
1. Health Insurance		1 2 3 4 8 4 1
2. Dental Insurance		1 1 3 3 4 5
3. Disability Insurance		2 4 7 5 4
4. Optical Insurance		1 0 3 1 6
5. Total from additional pages (if any)		4 5 5 8 4 6
6. Total of Lines 1 through 5		1 8 3 9 1 0 2
The total from Line 6 is entered in Item 63		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Merit Awards	6 1 2 6
2. Contributions	1 0 3 0 0
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	1 6 4 2 6
The total from Line 8 is entered in Item 64	

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Office Rent	5 3 8 6 5 4
2. Telephone	1 5 7 6 9 2
3. Postage	2 3 4 9 1 3
4. Shipping	2 4 5 5 1
5. Supplies	1 0 2 6 2 8
6. Printing	3 1 9 6 1 9
7. Total from additional pages (if any)	2 0 2 6 0 4
8. Total of Lines 1 through 7	1 5 8 0 6 6 1
The total from Line 8 is entered in Item 60	

SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. Journal Subscriptions	2 3 6
2. Canadian Assoc Member Fees	1 2 0 6 3 6
3. Strike Fund Receipts	6 0
4. Negotiations Fund Income	4 2 1 2 5 3
5. CP/CN Police Assoc	2 3 6 7 0
6. Education Fund Receipts	5 8
7. AFL-CIO Receipts	8 0 8 7 6
8. Dues Settlement	2 0 0 0 0 0
9. Refunds and Reimbursements	6 8 3 1 9
10. Strike Assessments	6 1 5
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	9 1 5 7 2 3
The total from Line 17 is entered in Item 54	

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. Conversion of Canadian Funds	4 1 1 3 5 9
2. Relief Fund Payments	3 0 0
3. Strike Fund Payments	6 1 5
4. Customs Duty	4 5 0
5. Negotiation Expense	2 8 5 4
6. Interest Expense	1 0 7 3 2
7. Personal Property Taxes	1 4 0 9 9
8. Canadian Goods & Services	3 5 0
9. Miscellaneous Expense	4 9 0 7 9
10. Settlement	8 7 5 0 0
11. Organizing Fund	3 6 8 4 3
12. Strike Benefits Paid	8 5 8 8
13. Strike Investment Fees Paid	1 6 4 0 2 4
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	7 8 6 7 9 3
The total from Line 17 is entered in Item 73	

ORGANIZATION NAME:
MAINTENANCE OF WAY EMPLS AFL-CIO

FILE NUMBER: 000 - 062

ENDING DATE OF PERIOD COVERED:
03/31/2003

SCHEDULE 9- ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*					
TORSKE E VICE PRESIDENT	P	5 5 2 8 7	1 9 0 8 2	0	0	7 4 3 6 9
WEHRLI R VICE PRESIDENT	C	8 7 8 3 0	1 2 6 8 6	0	0	1 0 0 5 1 6
SPEARS E VICE PRESIDENT	C	8 5 9 0 2	1 3 8 7 6	0	0	9 9 7 7 8
PALMER B EXEC BOARD MEM	C	8 8 1 1	5 0 2 9	0	0	1 3 8 4 0
DODD J EXEC BOARD MEM	P	5 8 2 2	4 7 2 0	0	0	1 0 5 4 2
GLOVER B EXEC BOARD MEM	P	1 6 1 0	4 1 1 4	0	0	5 7 2 4
BELOW L EXEC BOARD MEM	P	9 9 3	3 7 6 8	0	0	4 7 6 1
BOWDEN R EXEC BOARD MEM	P	7 7 2	7 4 3 6	0	0	8 2 0 8

14 +

ORGANIZATION NAME:
MAINTENANCE OF WAY EMPLS AFL-CIO

FILE NUMBER: 000 - 062

ENDING DATE OF PERIOD COVERED:
03/31/2003

SCHEDULE 9- ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
MC COY, JR T EXEC BOARD MEM	P	4 8 3 2	3 8 2 0	0	0	8 6 5 2
FENHAUS L VICE PRESIDENT	N	5 3 6 7 2	1 0 0 1 5	0	0	6 3 6 8 7
LIBERTY R VICE PRESIDENT	N	4 4 4 3 4	2 9 3 7 0	0	0	7 3 8 0 4
GELLER P EXEC BOARD MEM	N	5 9 5 0	2 7 3 6	0	0	8 6 8 6
COX G EXEC BOARD MEM	N	5 9 4 9	7 4 3 0	0	0	1 3 3 7 9
CRAWFORD S EXEC BOARD MEM	N	7 2 7 5	8 5 3 2	0	0	1 5 8 0 7
JOYNT D EXEC BOARD MEM	N	5 4 9 5	3 4 3 2	0	0	8 9 2 7
TANNER D EXEC BOARD MEM	N	4 9 9 9	3 7 7 8	0	0	8 7 7 7

15 +

ORGANIZATION NAME:
MAINTENANCE OF WAY EMPLS AFL-CIO

FILE NUMBER: 000 - 062

ENDING DATE OF PERIOD COVERED:
03/31/2003

SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
GATES D DIR OR GOVT AFF	6 5 1 1 3	4 2 3 6 8	0	0	1 0 7 4 8 1
INCLIMA R DIR OF EDUCATION	8 7 9 7 1	1 9 4 2 3	0	0	1 0 7 3 9 4
SUPERFISKY J DIR OF INFO SYS	9 8 2 5 6	4 0 7 6	0	0	1 0 2 3 3 2
BARTHOLOMAY D PUBLIC LAW BOARD	8 0 9 1 6	1 2 5 3 1	0	0	9 3 4 4 7
BROWN D GENERAL COUNSEL	6 5 1 5 9	1 8 9 4 7	0	0	8 4 1 0 6

ORGANIZATION NAME:
MAINTENANCE OF WAY EMPLS AFL-CIO

ENDING DATE OF PERIOD COVERED:
03/31/2003

FILE NUMBER: **000 - 062**

SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
MEISEL G ADMIN ASSIST	8 0 9 1 6	2 3 1 5	0	0	8 3 2 3 1
RICH D FIELD AUDITOR	5 8 0 1 9	2 1 9 2 3	0	0	7 9 9 4 2
ROBINSON R MEMBER NRAB	7 3 5 2 9	5 4 2 3	0	0	7 8 9 5 2
TURNER K DIR OF COMM	7 5 1 3 0	2 5 3 0	0	0	7 7 6 6 0
BIRNBAUM W STAFF ASSIST	7 1 2 5 7	1 9 2 2	0	0	7 3 1 7 9

ORGANIZATION NAME:
MAINTENANCE OF WAY EMPLS AFL-CIO

FILE NUMBER: 000 - 062

ENDING DATE OF PERIOD COVERED:
03/31/2003

SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(If applicable)</small>					
COLUMBUS R FIELD AUDITOR	5 8 0 1 9	1 1 2 9 5	0	0	6 9 3 1 4
LOCH R FIELD AUDITOR	5 8 0 1 9	9 1 6 6	0	0	6 7 1 8 5
PESTA C STAFF ASSIST	6 4 0 5 6	2 8 4 6	0	0	6 6 9 0 2
MOCHER S STAFF ASSIST	6 3 4 2 7	2 6 8 0	0	0	6 6 1 0 7
SWANSON P DIR OF ORGAN	4 3 4 2 8	2 1 9 4 5	0	0	6 5 3 7 3

ORGANIZATION NAME:
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ENDING DATE OF PERIOD COVERED:
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SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
CLARK K STAFF ASSIST	6 3 4 2 7	1 4 2 9	0	0	6 4 8 5 6
WILSON S STAFF ASSIST	5 7 4 6 0	1 7 3 6	0	0	5 9 1 9 6
KREKE T STAFF ASSIST	5 7 4 6 0	1 5 8 0	0	0	5 9 0 4 0
MYRON J DIR OF STRATEGIC	4 2 1 7 0	1 6 0 5 0	0	0	5 8 2 2 0
SCHAPPAUGH M STAFF ASSIST	5 4 9 6 7	2 8 5 0	0	0	5 7 8 1 7

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ENDING DATE OF PERIOD COVERED:
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SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
DAVIDSON P COUNSEL	5 0 3 1 9	6 5 0 5	0	0	5 6 8 2 4
SEQUIN B PRIVATE SEC	5 4 7 2 9	1 5 1 5	0	0	5 6 2 4 4
HUNRATH D STAFF ASSIST	5 2 4 5 7	1 8 6 1	0	0	5 4 3 1 8
GOWING M STAFF ASSIST	5 0 8 2 3	2 0 6 7	0	0	5 2 8 9 0
PETTAWAY S SECRETARY	4 2 8 7 3	9 8 7 4	0	0	5 2 7 4 7

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ENDING DATE OF PERIOD COVERED:
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SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
BOLTON B NAT'L LEG OFF MG	4 9 4 5 1	6 9 8	0	0	5 0 1 4 9
MATTOX S OFFICE MGR	4 8 0 7 4	8 6 3	0	0	4 8 9 3 7
LECHUGA T SECRETARY	4 4 7 9 8	0	0	0	4 4 7 9 8
CRESWELL S DIR OF COMM	3 8 7 5 5	5 9 6 9	0	0	4 4 7 2 4
BOBBY Z PROGRAMMER	4 1 5 6 8	1 5 8 6	0	0	4 3 1 5 4

ORGANIZATION NAME:
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ENDING DATE OF PERIOD COVERED:
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SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
MOCHER M SUPER PAYROLL	4 0 6 5 3	0	0	0	4 0 6 5 3
BOUCHARD M DIR OF COMM	3 8 3 4 4	2 1 9 8	0	0	4 0 5 4 2
KNIGHT J DIR OF GOVT	2 5 2 0 8	1 4 9 4 7	0	0	4 0 1 5 5
SCHAEDIG C INPUT/OUTPUT CLK	3 8 3 8 2	1 4 3 7	0	0	3 9 8 1 9
BROCK P RECORD ANALYST	3 9 8 0 0	0	0	0	3 9 8 0 0

ORGANIZATION NAME:
MAINTENANCE OF WAY EMPLS AFL-CIO

FILE NUMBER: 000 - 062

ENDING DATE OF PERIOD COVERED:
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SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
ESCOBEDO M SECRETARY	3 9 7 7 4	0	0	0	3 9 7 7 4
RICHARDSON S COMPUTER OPER	3 9 7 5 0	0	0	0	3 9 7 5 0
HORODKO D SECRETARY	3 8 2 4 8	1 4 0 5	0	0	3 9 6 5 3
KUSZCZAK Z MAIL ORDER CLK	3 7 5 3 4	1 7 3 8	0	0	3 9 2 7 2
BORYS J SUPERVISOR MBR	3 8 9 3 3	0	0	0	3 8 9 3 3

ORGANIZATION NAME:
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ENDING DATE OF PERIOD COVERED:
03/31/2003

FILE NUMBER: **000 - 062**

SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
RICOBENE L SECRETARY	3 7 7 2 6	1 1 9 1	0	0	3 8 9 1 7
ROY A SECRETARY	3 6 3 1 3	1 7 3 2	0	0	3 8 0 4 5
DAVIS E CHIEF ED CLK	3 7 9 6 1	0	0	0	3 7 9 6 1
SMITH S AUDIT CLK	3 6 7 6 7	0	0	0	3 6 7 6 7
KIRKOPOULOS A AUDIT CLK	3 6 7 3 9	0	0	0	3 6 7 3 9

ORGANIZATION NAME:
MAINTENANCE OF WAY EMPLS AFL-CIO

FILE NUMBER: 000 - 062

ENDING DATE OF PERIOD COVERED:
03/31/2003

SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
HANNA M SECRETARY	3 6 3 3 4	0	0	0	3 6 3 3 4
LASSITER I STAFF ASSIST	3 4 9 7 1	1 3 4 0	0	0	3 6 3 1 1
CASSIDY K SECRETARY	3 5 8 7 3	0	0	0	3 5 8 7 3
KUSZCZAK D PAYROLL CLK	3 5 3 8 6	0	0	0	3 5 3 8 6
HORNBECK B SECRETARY	3 4 6 9 4	5 1 6	0	0	3 5 2 1 0

ORGANIZATION NAME:
MAINTENANCE OF WAY EMPLS AFL-CIO

FILE NUMBER: 000 - 062

ENDING DATE OF PERIOD COVERED:
03/31/2003

SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
KICZEK R KEYPUNCH	3 4 6 3 9	0	0	0	3 4 6 3 9
WALLACE B INPUT/OUTPUT CLK	3 4 4 0 8	0	0	0	3 4 4 0 8
CARRIER M SECRETARY	3 1 7 7 4	0	0	0	3 1 7 7 4
BUTLER R PAYROLL CLERK	2 9 0 7 1	0	0	0	2 9 0 7 1
MINER K SECRETARY	2 1 1 4 5	0	0	0	2 1 1 4 5

ORGANIZATION NAME:
MAINTENANCE OF WAY EMPLS AFL-CIO

FILE NUMBER: 000 - 062

ENDING DATE OF PERIOD COVERED:
03/31/2003

SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
BREHL W COMMITTEE MBR	3 8 6 0	1 5 8 1 1	0	0	1 9 6 7 1
HANSEN O PAYROLL CLERK	1 9 4 3 4	0	0	0	1 9 4 3 4
BELCHER J SECRETARY	1 7 9 2 9	0	0	0	1 7 9 2 9
DEMERS A PROVINCIAL REP	1 1 1 5 4	6 2 9 3	0	0	1 7 4 4 7
MARQUAR D STATE LEG REP	9 4 7 7	7 7 0 4	0	0	1 7 1 8 1

ORGANIZATION NAME:
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FILE NUMBER: 000 - 062

ENDING DATE OF PERIOD COVERED:
03/31/2003

SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
MANNNG STATE LEG REP	0	1 6 9 4 6	0	0	1 6 9 4 6
BARBOUR COMMITTEE MBR	1 1 6 0 6	5 2 1 3	0	0	1 6 8 1 9
PENA STATE LEG REP	8 1 7 4	7 6 7 0	0	0	1 5 8 4 4
BIGARD STATE LEG REP	6 9 8 8	8 1 0 3	0	0	1 5 0 9 1
ALMAGUER STATE LEG REP	8 7 8 2	4 4 8 6	0	0	1 3 2 6 8

ORGANIZATION NAME:
MAINTENANCE OF WAY EMPLS AFL-CIO

FILE NUMBER: 000 - 062

ENDING DATE OF PERIOD COVERED:
03/31/2003

SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
REDERICK D SECRETARY	1 2 7 2 5	0	0	0	1 2 7 2 5
SANCHEZ R COMMITTEE MBR	7 3 1 8	5 3 5 4	0	0	1 2 6 7 2
HARTLEN A PROVINCIAL REP	2 9 6 3	9 5 1 6	0	0	1 2 4 7 9
GLISSON W COMMITTEE MBR SEABOARD SYS	5 0 2 5	2 4 6 1	0	0	7 4 8 6
WIMMER M COMMITTEE MBR CHICAGO, MILWAUK	3 9 6 5	3 3 5 8	0	0	7 3 2 3

ORGANIZATION NAME:
MAINTENANCE OF WAY EMPLS AFL-CIO

FILE NUMBER: 000 - 062

ENDING DATE OF PERIOD COVERED:
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SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
GRANIER H COMMITTEE MBR ILLINOIS CENTRAL	3 9 6 5	3 2 9 5	0	0	7 2 6 0
KRUK J COMMITTEE MBR CANADIAN SYS	4 3 7 5	2 8 6 2	0	0	7 2 3 7
HURLBURT S COMMITTEE MBR NORTHEASTERN SYS	3 9 6 5	2 3 7 0	0	0	6 3 3 5
SANDLIN R COMMITTEE MBR FRISCO SYS	4 2 1 2	1 5 6 1	0	0	5 7 7 3
ASH R COMMITTEE MBR UNION PACIFIC	3 9 6 5	1 7 5 9	0	0	5 7 2 4

ORGANIZATION NAME:
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ENDING DATE OF PERIOD COVERED:
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SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
NEMETH T STATE LEG REP CONSOLIDATED RAI	2 8 8 3	2 6 1 2	0	0	5 4 9 5
HEMPHILL M COMMITTEE MBR ATCHISON TOPEKA	4 2 1 2	8 8 4	0	0	5 0 9 6
HUSSEY K STATE LEG REP PENNSYLVANIA	2 8 7 1	2 1 0 1	0	0	4 9 7 2
BEARD P COMMITTEE MBR NICKEL PLATE WHE	3 7 1 7	9 9 7	0	0	4 7 1 4
TRICHE L COMMITTEE MBR ILLINOIS CENTRAL	0	2 1 0 9	0	0	2 1 0 9

ORGANIZATION NAME:
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FILE NUMBER: 000 - 062

ENDING DATE OF PERIOD COVERED:
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SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
YBARRA J COMMITTEE MBR SOUTHWESTERN	0	1 9 4 6	0	0	1 9 4 6
POSAS E COMMITTEE MBR SOUTHERN PACIFIC	1 4 8 7	2 9 8	0	0	1 7 8 5
HUDON P COMMITTEE MBR WESTERN SYS	1 2 7 2	2 1 3	0	0	1 4 8 5
MC CRACKEN D COMMITTEE MBR CANADIAN SYS	5 1 5	8 5 5	0	0	1 3 7 0
DUTRA J COMMITTEE MBR WESTERN SYS	1 2 8 7	0	0	0	1 2 8 7

ORGANIZATION NAME:
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ENDING DATE OF PERIOD COVERED:
03/31/2003

SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
WINTER B COMMITTEE MBR CONSOLIDATED RAI	1 2 4 1	0	0	0	1 2 4 1
MARQUART G COMMITTEE MBR ATCHISON TOPEKA	1 2 4 1	0	0	0	1 2 4 1
ALEXANDER S COMMITTEE MBR SOUTHERN SYS	1 2 4 1	0	0	0	1 2 4 1
GLADISH L COMMITTEE MBR WESTERN SYS	5 1 5	0	0	0	5 1 5
BRASELL E COMMITTEE MBR ALLIED EASTERN	0	3 6 0	0	0	3 6 0

ORGANIZATION NAME:
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ENDING DATE OF PERIOD COVERED:
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SCHEDULE 10- DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
FLOWERS M COMMITTEE MBR CONSOLIDATED RAI	2 4 8	0	0	0	2 4 8
DAVISON M COMMITTEE MBR MISSOURI PACIFIC	2 4 8	0	0	0	2 4 8
ALBERS D COMMITTEE MBR ALLIED EASTERN	2 4 8	0	0	0	2 4 8

MAINTENANCE OF WAY EMPLS AFL-CIO

ENDING DATE OF PERIOD COVERED:

SCHEDULE 11 – BENEFITS (continued)

ORGANIZATION NAME:
MAINTENANCE OF WAY EMPLS AFL-CIO

FILE NUMBER: **0 0 0 - 0 6 2**

ENDING DATE OF PERIOD COVERED:
03/31/2003

SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE *(continued)*

Description (A)	Amount (B)
Reproduction Expense	3 4 7 4
Electricity	2 1 2 2 6
Water	1 3 1 7
Software Expense	1 8 0 3 3
Equipment Leases	2 0 7 4 1
Equipment Maintenance	3 8 9 0 3
Bank Service Charges	3 0 2 4 8
Office Cleaning	2 2 6 2
Building Maintenance	3 7 3 3 5
Guard Service	1 0 1 9
Office Auto Expense	1 8 1 5
Storage	7 9 3 8
Bond Insurance	3 0 9 5
Property Insurance	6 0 9 3
Membership Dues & Fees	9 1 0 5

FILE NUMBER: 000 - 062

SCHEDULE 6 – SALE OF INVESTMENTS AND FIXED ASSETS (continued)[illegible]

ORGANIZATION NAME:

MAINTENANCE OF WAY EMPLS AFL-CIO

FILE NUMBER: 000 - 062

ENDING DATE OF PERIOD COVERED:

03/31/2003

75. ADDITIONAL INFORMATION

Item Number

11

The BMWWE Grand Lodge Pension Plan #001 (EIN 38-6004309) is administered by the International Headquarters.

The BMWWE Grand Lodge 401(k) Plan #002 (EIN 38-3354244) is administered by the International Headquarters.

The BMWWE Strike Fund is administered by the International Headquarters (EIN 38-3298072). The assets, income, and expenses of which have been included in this LM-2. The Strike Fund, however, files its own 990 under the above EIN#.

M. A. Fleming served as Co-Chairman of the Railroad Employees National Health & Welfare Plan (EIN 52-1236745).

ORGANIZATION NAME:
MAINTENANCE OF WAY EMPLS AFL-CIO

FILE NUMBER: 000 - 062

ENDING DATE OF PERIOD COVERED:
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75. ADDITIONAL INFORMATION(*continued*)

Item Number
12

The Maintenance of Way Political League files a report with the Federal Election Commission.

ORGANIZATION NAME: MAINTENANCE OF WAY EMPLS AFL-CIO
ENDING DATE OF PERIOD COVERED: 03/31/2003

FILE NUMBER: **0 0 0 - 0 6 2**

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
13	Office equipment was scrapped for which no compensation was received. Value at time of disposal \$7,380.

ORGANIZATION NAME:
MAINTENANCE OF WAY EMPLS AFL-CIO

FILE NUMBER: 000 - 062

ENDING DATE OF PERIOD COVERED:
03/31/2003

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
14	Audit of records performed by Clarence H. Johnson, P.C., C.P.A's.

ORGANIZATION NAME:
MAINTENANCE OF WAY EMPLS AFL-CIO

FILE NUMBER: 000 - 062

ENDING DATE OF PERIOD COVERED:
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75. ADDITIONAL INFORMATION *(continued)*

Item Number

25

Cash recorded at the beginning of the period is different than the ending last year. This is due to the reclassification of Money Market Accounts to record them as cash and not investments. The Investments line 29 for the beginning of the period is likewise reduced due to the reclassification of the same Money Market Accounts. The value of the funds reclassified is \$1,985,613.